appendix, brings about a cure. The other cases are numerous in which the patients suffer great distress, in which it is impossible to give any name to the disease or to offer any explanation of the symptoms. It has been demonstrated that a great many of these cases are relieved, and, indeed, cured by abdominal section after all medical measures have failed.

There is a somewhat more definite form of abdominal trouble that the author imagines may lay claim to the term "intestinal hypochondriasis." Many of the patients who are the victims of this condition are men, mostly of middle age. Nearly if not all have been the subjects of chronic colitis. They are apt to complain of fixed pain and tenderness at a spot a little below and to the left of the umbilicus. The spot indicated would not be far removed from the inferior mesenteric vessels and plexus. These patients suffer from troublesome constipation, from dyspeptic troubles, from sickening pain in the abdomen, and from indefinite depression. The whole mind is engrossed by the consideration of their bowels and the contemplation of the concerns of their abdomen. There is no doubt, from the study of these and similar cases, that the sigmoid flexure is a very irritable part of the alimentary canal. It is possible that, in these cases, long-continued catarrh has led to a permanent state of irritability of the muscle forming the bowel wall, to a condition of abiding spasm, which may well cause pain and the sensations of obstruction. Various distortions of the colon and sigmoid have been observed by the author, and gave rise to chronic constipation. Cases of idiopathic dilatation of the hollow viscera have been shown frequently to depend upon a stricture of their normal outlet, though they are often met with where no such condition is present. The term is too freely employed where a certain diagnosis has not been established.

The Operative Surgery of the Joints.—In regard to operation on the joints, MARSH (*British Medical Journal*, March 5, 1898) says there is an obvious parallel to be drawn between the joints and the abdomen in regard to the results that have followed the introduction of asepsis into surgical practice. It is certain that it is just as safe to open the knee, or any other joint, as it is to open the abdomen, and that, as in the case of the peritoneum, so in that of the synovial membranes, the old view that these structures are in some way inherently unsuitable for operative treatment is erroneous.

As an illustration of the truth of this statement, he relates the results which he has obtained in the open treatment of different joints for the various injuries. In operations for loose cartilages in the knee-joint he prefers their removal to suture, and in all of the twelve cases operated upon the functional result has been perfect and the recovery afebrile.

Loose bodies in the knee are also favorably operated upon, and in two recent cases which he reports extensive manipulation was extremely well borne, with a perfect recovery and complete restoration of function.

Suture of the patella represents a test-operation by the open method in recent or old fractures. The results obtained appear to show conclusively that this operation has taken its place on the list of recent advances in practical surgery, and the evidence it affords as to the tolerance by the joints of activo interference is sufficiently conclusive.

The general safety with which excision of the joints can now be performed is best illustrated by the results obtained in the case of the knee—the largest of the joints—and that in which an operation involves the most extensive wound of the soft parts, and the largest exposure of cancellous bone. Yet when care is taken to select appropriate cases, primary union after excision of the knee is as certain to take place as it is after ovariotomy or removal of the appendix.

Operation in sacro-iliac disease the author believes to be as free from danger under aseptic conditions as is operating on the other joints, and he holds that excellent results can be obtained even where the disease, in this particular region, has advanced to a considerable extent. He illustrates the results obtainable by the histories of five cases where operation produced gratifying results.

THERAPEUTICS.

UNDER THE CHARGE OF
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Locomotor Ataxia Treated with Strychnine Nitrate.—DR. EMIL ALTMAN reports a single instance in which, after increasing doses of Fowler's solution, spinal cord stretching, and static electricity had failed, this remedy was used. Strychnine nitrate, 1; glycerin, 240; water, 240, was the solution employed, hypodermatically. The initial dose was $\frac{1}{48}$ gr. (10 drops of the above solution), which was increased until a dose of $\frac{1}{6}$ gr. was reached; next, beginning with the initial doses, it was increased until $\frac{1}{8}$ gr. was attained. Again, starting with the initial dose it was doubled, and trebled, until $\frac{3}{5}$ gr. was taken at a dose. Under this treatment the pains did not return, the man could walk with the aid of a cane, and his general symptoms improved. Strychnine relieves some of the symptoms of the affection, and by nourishing the starved fibres of the cord prevents further progress of the disease.—*The Post-Graduate*, 1898, No. 7, p. 585.

Traumatic Tetanus.—MM. A. CHAUFFARD and QUÉNU report a successful instance of the intracerebral injection of antitoxin. Observation has shown that while antitetanic serotherapy is certainly preventive, it is often useless or inadequate when tetanus is well established. Roux and Borrel have explained this as follows: The nerve-cells have not the same affinity for antitoxin as for toxin. Also, tetanic antitoxin injected into animals remains in the blood, while toxin is extracted and fixed by the nerve-elements. The contra-poison does not come in contact with the poison; the two substances, although so close, do not meet. The serum is efficacious against the toxin when injected under the skin, because the greater portion of it passes into the blood, but it is powerless against the poison which has already reached